Case 12-39015-tmb7 Doc 2 Filed 12/10/12

B22A (Official Form 22A) (Chapter 7) (12/10)

In re	David Thomas Hopper	
	Debtor(s)	According to the information required to be entered on this statement
Case Number:		(check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 					

	Part II. CALCULATION OF M	ON	THLY INCOM	ME FOR § 707(b)(7) EX	KCLUSION		
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.							
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.							
2	 a. ■ Offinarried. Complete only Column A (Debtor's Income) for Lines 3-11. b. □ Married, not filing jointly, with declaration of separate households. By checking this box, "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse a purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete for Lines 3-11. 					nd I are living apart other than for the		
	c. ☐ Married, not filing jointly, without the decla ("Debtor's Income") and Column B ("Spot	ıse's	Income") for Line	es 3-11.				
	d. Married, filing jointly. Complete both Colu				'Spou	se's Income'') i	for Lines 3-11.	
	All figures must reflect average monthly income recalendar months prior to filing the bankruptcy case the filing. If the amount of monthly income varied six-month total by six, and enter the result on the a	e, en l dur	ding on the last day ing the six months,	of the month before		Column A Debtor's Income	Column B Spouse's Income	
3	Gross wages, salary, tips, bonuses, overtime, con				\$	0.00	\$	
	Income from the operation of a business, profess			Line h from Line a and	Ψ	0.00	Ψ	
4	enter the difference in the appropriate column(s) o business, profession or farm, enter aggregate numbrot enter a number less than zero. Do not include Line b as a deduction in Part V.	f Lin	e 4. If you operate and provide details part of the busine	more than one on an attachment. Do ss expenses entered on				
			Debtor	Spouse				
	a. Gross receipts	\$	0.00					
	b. Ordinary and necessary business expensesc. Business income	\$	0.00 btract Line b from I	·	\$	0.00	•	
		•) p	0.00	3	
	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any							
	part of the operating expenses entered on Line l							
5	part of the operating enpended entered on the		Debtor	Spouse	1			
	a. Gross receipts	\$	0.00	-				
	b. Ordinary and necessary operating expenses	_	0.00	•				
	c. Rent and other real property income		btract Line b from I	Line a	\$	0.00	\$	
6	Interest, dividends, and royalties.				\$	0.00	\$	
7	Pension and retirement income.				\$	0.00	\$	
8	Any amounts paid by another person or entity, expenses of the debtor or the debtor's dependen purpose. Do not include alimony or separate main spouse if Column B is completed. Each regular pair a payment is listed in Column A, do not report the	ts, i r tena yme	ncluding child suppleted payments or an nt should be report	port paid for that nounts paid by your ed in only one column;	\$	0.00	\$	
9	Unemployment compensation. Enter the amount However, if you contend that unemployment comp benefit under the Social Security Act, do not list the or B, but instead state the amount in the space below.	ensa ie an	tion received by yo	ou or your spouse was a				
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$					0.00	\$	
10	Debtor Spouse a. \$ \$							
	b.	\$		\$]			
	Total and enter on Line 10				\$	0.00	\$	
11	Subtotal of Current Monthly Income for § 707 (1) Column B is completed, add Lines 3 through 10 in				\$	0.00	\$	

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12		Income for § 707(b)(7). If Column B has been completed, add Line 11, blumn B, and enter the total. If Column B has not been completed, enter , Column A.			0.00
	Part III. APPLICATION (OF § 707(b)(7) EXCLUSION	N		
13	Annualized Current Monthly Income for § 707(b)(7). Multi enter the result.	\$	0.00		
14	Applicable median family income. Enter the median family in (This information is available by family size at www.usdoj.gov				
	a. Enter debtor's state of residence: OR b.	Enter debtor's household size:	1	\$	44,230.00
15	Application of Section 707(b)(7). Check the applicable box an ■ The amount on Line 13 is less than or equal to the amount top of page 1 of this statement, and complete Part VIII; do not be a section of page 1.	at on Line 14. Check the box for "The not complete Parts IV, V, VI or VII		loes no	t arise" at the
	☐ The amount on Line 13 is more than the amount on Line	14. Complete the remaining parts of	of this statement.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	16 Enter the amount from Line 12.			\$		
17						
	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$
18	Current monthly income for § 70'	7(b)(2). Subtract Line	17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)					
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$	
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tay return, plus the number of any additional dependents whom					
	Persons under 65 year			Persons 65 years of age	or older	
	a1. Allowance per person b1. Number of persons c1. Subtotal	t	n2. n2. n2.	Allowance per person Number of persons Subtotal		\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$	

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.				
	a. IRS Housing and Utilities Standards; mortgage/rental expenseb. Average Monthly Payment for any debts secured by your	\$			
	home, if any, as stated in Line 42 c. Net mortgage/rental expense	\$ Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	\$			
	Local Standards: transportation; vehicle operation/public transport	rtation expense.			
	You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	f whether you pay the expenses of operating a			
22A	Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are			
	□ 0 □ 1 □ 2 or more.				
	If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the	'Operating Costs" amount from IRS Local			
	Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ of the control of t	\$			
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Tra Standards: Transportation. (This amount is available at www.usdoj.go court.)	\$			
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.)				
	□ 1 □ 2 or more.				
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Line the result in Line 23. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social					
	security taxes, and Medicare taxes. Do not include real estate or sale		\$		

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total deductions that are required for your employment, such as retirement contributions, unic Do not include discretionary amounts, such as voluntary 401(k) contributions.		\$		
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that life insurance for yourself. Do not include premiums for insurance on your dependent any other form of insurance.	\$			
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that yo childcare - such as baby-sitting, day care, nursery and preschool. Do not include other of		\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that y health care that is required for the health and welfare of yourself or your dependents, that insurance or paid by a health savings account, and that is in excess of the amount entered include payments for health insurance or health savings accounts listed in Line 34.	t is not reimbursed by	\$		
32	Other Necessary Expenses: telecommunication services. Enter the total average mont actually pay for telecommunication services other than your basic home telephone and c pagers, call waiting, caller id, special long distance, or internet service - to the extent necessitate or that of your dependents. Do not include any amount previously deducted.	\$			
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32		\$		
	Subpart B: Additional Living Expense Dedu Note: Do not include any expenses that you have liste Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the categories set out in lines a-c below that are reasonably necessary for yourself, your sidependents.	d in Lines 19-32			
34	a. Health Insurance \$				
	b. Disability Insurance \$				
	c. Health Savings Account \$		\$		
	Total and enter on Line 34.				
	If you do not actually expend this total amount, state your actual total average monthl below: \$	y expenditures in the space			
35	Continued contributions to the care of household or family members. Enter the total expenses that you will continue to pay for the reasonable and necessary care and support ill, or disabled member of your household or member of your immediate family who is u expenses.	\$			
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance Standards for Housing and Utilities, that you actually expend for home energy costs. You trustee with documentation of your actual expenses, and you must demonstrate that claimed is reasonable and necessary.	\$			
38	Education expenses for dependent children less than 18. Enter the total average monactually incur, not to exceed \$147.92* per child, for attendance at a private or public eless school by your dependent children less than 18 years of age. You must provide your careful documentation of your actual expenses, and you must explain why the amount claim necessary and not already accounted for in the IRS Standards.	mentary or secondary se trustee with	\$		

 $^{^*}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense expenses exceed the combined alloward Standards, not to exceed 5% of those or from the clerk of the bankruptcy correasonable and necessary.	\$				
40	Continued charitable contributions. financial instruments to a charitable o	Enter the amount that you will conting rganization as defined in 26 U.S.C. § 1	nue to contribute in the $170(c)(1)$ -(2).	e form of cash or	\$	
41	Total Additional Expense Deduction	ns under § 707(b). Enter the total of I	ines 34 through 40		\$	
	5	Subpart C: Deductions for De	bt Payment			
42	Future payments on secured claims, own, list the name of the creditor, ide and check whether the payment include amounts scheduled as contractually disankruptcy case, divided by 60. If ne Average Monthly Payments on Line 4					
	Name of Creditor a.	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance? □yes □no		
			Total: Add Lines		\$	
43	Other payments on secured claims. motor vehicle, or other property neces your deduction 1/60th of any amount payments listed in Line 42, in order to sums in default that must be paid in o the following chart. If necessary, list a Name of Creditor a.	\$				
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					
45	Chapter 13 administrative expenses chart, multiply the amount in line a by a. Projected average monthly Cl b. Current multiplier for your di issued by the Executive Office information is available at wy the bankruptcy court.) c. Average monthly administration	\$				
46	Total Deductions for Debt Payment	Enter the total of Lines 42 through 45	5.		\$	
	S	ubpart D: Total Deductions f	rom Income			
47	Total of all deductions allowed under	er § 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$	
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Cu	rrent monthly income for § 707(b)(2)))		\$	
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))				\$	
50	Monthly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 and enter the resu	ılt.	\$	
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.				\$	

	Initial presumption determination. Check the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Co	omplete the remainder of Part VI (I	Lines 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed	as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.					
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. of page 1 of this statement, and complete the verification in Part VIII. You may		ion arises" at the top			
	Part VII. ADDITIONAL EXPENSE	CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction fron 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All f each item. Total the expenses.	n your current monthly income unc	ler §			
	Expense Description	Monthly Amou	int			
	a.	\$				
	b.	\$				
	c.	\$				
	d.	\$				
	Total: Add Lines a, b, c, and d	\$				
	Part VIII. VERIFICATION	N				
	I declare under penalty of perjury that the information provided in this statement	is true and correct. (If this is a join	nt case, both debtors			
	must sign.) Date: December 5, 2012 Signature: /s/ David Thomas Hopper					
57						
	David Thomas Hopper (Debtor)					
		(Devioi)				

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.